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President: Mr. Wetland (Vice-President) ..... (Norway)

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In the absence of Mr. Ali (Malaysia), Mr. Wetland (Norway), Vice-President, took the Chair.

The meeting was called to order at 10.15 a.m.

Coordination, programme and other questions

(a) Reports of coordination bodies (E/2010/69)

1. **Mr. Stelzer** (Assistant Secretary-General for Policy Coordination and Inter-Agency Affairs), introducing the annual overview report of the United Nations System Chief Executives Board for Coordination (CEB) for 2009-2010 (E/2010/69), said that the report provided an overview of the major developments in inter-agency cooperation within the framework of the Board during late 2009 and early 2010. It demonstrated how the Board and its three pillars, the High-Level Committee on Management, the High-Level Committee on Programmes and the United Nations Development Group, had advanced coordination efforts to promote a more coherent and effective United Nations system.

2. In 2009, the Committee for Programme and Coordination had requested the Board to monitor closely the development and social effects of the global financial and economic crisis and its impact on the Millennium Development Goals (MDGs). By bringing together the efforts of United Nations system organizations in nine areas affecting economic and social development, the Board had enabled each organization to contribute its unique and specific knowledge, expertise and capacity. The quick handover of the Joint Crisis Initiatives from the strategic programme level to implementation on the ground was an example of the enhanced synergies between the High-Level Committee on Programmes and the United Nations Development Group.

3. The Board was deeply concerned about negative impacts on achievement of the internationally agreed development goals, including the MDGs. The Board had affirmed the strong commitment of the United Nations system and its readiness to scale up its collective efforts and assist Member States in accelerating progress towards achieving the MDGs by 2015. The United Nations Development Group had produced a number of publications that combined analytical research with over 200 practical examples of successful national strategies proven to accelerate progress towards the MDGs.

4. Climate change was another area in which the organizations of the United Nations system were coordinating their strengths in order to provide a joint response to Member States' needs. A multisectoral approach to addressing climate change through the CEB climate change action framework had been presented at the fifteenth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, held in Copenhagen in 2009. The Board was committed to contributing to the processes leading up to the Conference of the Parties, and to supporting the international community in implementing international agreements.

5. Efforts to strengthen the management and accountability system of the United Nations development and resident coordinator system continued. The functional firewall of the resident coordinator system and a new set of guidelines for country teams allowed for greater flexibility and closer alignment with national planning processes.

6. The Board continued its work to protect staff and to allow operations to continue in unstable and insecure environments. It had endorsed a shift from a "when to leave" approach to a "how to stay" approach and its High-Level Committee on Management had launched a new Security Risk Management model to improve the United Nations Security Management System. The Board had also adopted a new security level system which promoted transparency and consultation with host Governments, scheduled for full implementation in 2011.

7. The Board continued to lead efforts towards the simplification and harmonization of business practices with a view to enhancing the effectiveness and coherence of the United Nations system. Its plan of action for harmonization of business practices had moved from the planning to the implementation phase and was described on its website.

8. During the reporting period, the High-Level Committee on Programmes had considered ways and means of strengthening the engagement of the United Nations system in the work of the Council. In that connection, it suggested the organization of two panel discussions during the coordination segment of the 2009 substantive session of the Economic and Social Council, one on the role of the United Nations system in sustainable development, highlighting the food and energy crises and climate change, and a another on the

impact of the financial crisis on sustainable development, including its social consequences.

9. It had become evident through the consultations on system-wide coherence that Member States would welcome greater transparency in the decision-making processes of the Board, as well as an increased flow of information. The Board remained committed to addressing that by ensuring timely and open sharing of information on its work and session outcomes. It would continue to engage in dialogue with Member States, including through regular briefings, and had recently launched a new website (www.unsceb.org), which provided comprehensive information on the work of the Board.

Implementation of and follow-up to major United Nations conferences and summits

(a) Follow-up to the International Conference on Financing for Development (E/2010/64).

10. **Mr. Diop** (International Labour Organization (ILO)), introducing the report of the Secretary-General entitled "Recovering from the crisis: a Global Jobs Pact" (E/2010/64), said that the report had been prepared in response to Economic and Social Council resolution 2009/5, in which the Council had issued a broad appeal for the promotion of the Global Jobs Pact adopted by the ILO tripartite constituents (governments, employers and workers) at the International Labour Conference held in June 2009.

11. The Global Jobs Pact provided tried and tested crisis-response measures, including the social protection floor, built around the decent work agenda. The purpose was to provide a road map for countries to promote a productive recovery based on investments, employment and social protection, rights at work and social dialogue. It offered an internationally agreed policy framework to address the impact of the global financial and economic crisis and was supported by a large number of international and regional organizations.

12. The second section of the report considered the relevance and vitality of the United Nations system in addressing the needs of Member States through its Joint Crisis Initiatives. There had been strong inter-agency collaboration in key policy areas under the Joint Crisis Initiatives to achieve the objectives of the Global Jobs Pact, including assessment of the social and labour market impact of the crisis, reviews of policy response, capacity-building in designing and implementing public employment programmes, the social protection floor, the green economy, food security, and others. ILO and the United Nations Development Programme (UNDP) were also cooperating to assist countries in developing their own job pacts.

13. The report also highlighted the need to go beyond fragmentation and small-scale projects, the need for greater coherence between the macroeconomic and employment agendas and the lack of reliable labour market information.

14. The third section provided an overview of the employment and social consequences of the crisis. While strong policy by leading industrialized and developing countries had helped to avert a global economic depression and there were now encouraging signs of recovery in a few large emerging economies, overall growth was fragile and uneven. For the most vulnerable, the global economic crisis was far from over. Unemployment and precarious work remained widespread. Poor households suffered from declining wages and earnings, an increase in informality, reverse migration and volatile food and fuel prices. Social funding was under threat, which undermined prospects for achievement of the internationally agreed development goals, including the MDGs, and had long-term effects on the lower- and middle-income countries. Two years after the onset of global economic turmoil, enhancing the employment and decent work content of recovery programmes was a critical task. The Global Jobs Pact was highly relevant.

15. The fourth section reviewed national policy responses. Many countries had adopted elements of the Global Jobs Pact in their fiscal packages in response to the crisis. A survey carried out by the International Labour Organization showed that Governments had actively combined policy innovation with tried and tested measures. The most common measures included additional spending on infrastructure; subsidies and tax reductions for small enterprises; credit for small enterprises; training programmes and facilities; consultations with employers' and workers' organizations; and social protection through cash transfers and income support measures. A number of countries had gone further, launching their own integral application of the Pact.

16. The concluding section of the report outlined key challenges in achieving the ultimate goals of the Pact and setting the world economy on a more stable path towards job-rich recovery, inclusive growth and poverty eradication. It warned against the withdrawal of public support before private investment was once again firmly in place. It called for new policy and the combination of employment and social protection measures. It drew attention to the policy and financial constraints that hampered attempts by smaller middle- and lower-income countries to embark on Global Jobs Pact policies. Finally, it highlighted the importance of coordinated international measures to promote more growth-oriented macroeconomic frameworks, financing of productive investments, expansion of trade and environmental sustainability.

17. *A panel discussion on the topic "Operationalizing the United Nations system's short- and long-term responses to the economic and financial crisis: Progress towards implementing the Social Protection Initiative and the Global Jobs Pact" followed, chaired and moderated by Mr. Morten Wetland (Norway), Vice-President of the Economic and Social Council, who introduced the panellists: Mr. Assane Diop (Assistant Director-General and Executive Director, Social Protection Sector, International Labour Organization); Dr. Carissa Etienne (Assistant Director-General, Health Systems, World Health Organization); Dr. Norberto Ciaravino (Chef de Cabinet in the Ministry of Labour, Employment and Social Security, Argentina); and Mr. Carlos Acevedo Flores (President, Banco Central de Reserva, El Salvador). The panellists made presentations. An interactive dialogue ensued, in which the delegations of Bangladesh, Argentina, Venezuela (Bolivarian Republic of), El Salvador, Belgium (on behalf of the European Union), Benin, Cuba and the Republic of Korea participated. The panellists responded to questions and comments raised. The chairman and moderator made concluding remarks and closed the panel discussion.*

The role of the United Nations system in implementing the ministerial declaration of the high-level segment of the 2009 substantive session of the Economic and Social Council (A/65/84-E/2010/90; E/2010/85; E/2010/CRP.3)

Implementation of and follow-up to major United Nations conferences and summits (A/65/84-E/2010/90)

Implementation of General Assembly resolutions 50/227, 52/12 B, 57/270 B, 60/265 and 61/16 (A/65/84-E/2010/90)

General debate (continued)

18. **Mr. Alsaidi** (Observer for Yemen), speaking on behalf of the Group of 77 and China, said that the recent global crises would continue to affect efforts to improve global health and that many developing countries were unlikely to achieve the MDG health targets by 2015. For the goals of improving child and maternal health, progress was particularly slow. The growing HIV/AIDS epidemic was erasing decades of social and economic progress, as well as increasing morbidity and mortality. Development prospects were affected, as countries lost their productive human resources, and the resources invested in HIV response in low-income and middle-income countries fell short of the $25.1 billion needed.

19. There was a need to scale up global financing for capacity-building and to ensure the efficiency of health care systems. The time had come to create a global movement for maternal and child health similar to the movement of solidarity launched in response to HIV/AIDS. Donor countries must step up their efforts to honour their commitments, including those concerning official development assistance (ODA).

20. The members of the Group of 77 and China were committed to ensuring that their populations achieved high standards of physical and mental health and enjoyed accessible, affordable and equitable health care. They reaffirmed the value of primary health care based on equity, solidarity, social justice, universal access to services, multisectoral action, transparency, accountability and community participation and empowerment. They would continue to preserve and increase their health budgets, despite the financial and economic crisis.

21. The Council played an important role in guiding system-wide coordination of United Nations activities

and programmes in the economic and social fields, and the Group called for stronger coordination between and beyond the agencies of the United Nations system in addressing the health-related MDGs.

22. **Mr. de Bassompierre** (Belgium), speaking on behalf of the European Union; the candidate countries Croatia, the former Yugoslav Republic of Macedonia and Turkey; the stabilization and association process country Montenegro; and, in addition, Azerbaijan, Georgia, the Republic of Moldova and Ukraine, said that the European Union was committed to the 2009 Ministerial Declaration.

23. Health was a basic human right and a key element for equitable and sustainable development. Efforts to address social exclusion, power structures that impeded equity and gender equality were of key importance, as was a strong focus on policy coherence for development. A holistic and multisectoral approach in terms of employment, education and gender equality was imperative to sustainable physical and mental health. There should also be investment in health systems and policies aimed at equitable access to health care, with a focus on primary health care.

24. Progress towards achieving the health-related MDGs had been uneven and insufficient, especially for Goals 4 and 5 and in sub-Saharan Africa and South Asia. The upcoming summit should impart a new impetus in that area.

25. In their support to partner countries, the European Union member States would be focusing on sexual and reproductive health, child health, and communicable and non-communicable diseases and on the multidimensional nature of health, with close links to gender, food security and nutrition, water and sanitation, education and poverty. Non-communicable diseases posed an increasing health threat, requiring preventive measures. Mental health care should also be taken into account. Health systems should pay special attention to gender equality, women's needs and rights, including combating gender-based violence, as well as efficient and effective service delivery, and the rights and needs of young people. The European Union recognized the right of women to have control over and decide freely and responsibly on matters related to their sexual and reproductive health, and the need to protect women from harmful practices. Attention must be given to the mobilization of developing countries' domestic resources, in particular through enhanced tax governance and adequate and efficient national budget allocation to health.

26. The European Union would schedule three-year support for health policy, so as to increase aid effectiveness. Implementation of the principles of the International Health Partnership and related initiatives (IHP+) (one national health strategy, one budget process, one monitoring framework) would result in robust, more cost-effective and inclusive national health plans and more flexible and predictable resources. Within the framework of IHP+, the European Union welcomed the ongoing work between the Global Fund, the Global Alliance for Vaccines and Immunisation (GAVI), the World Bank and the World Health Organization (WHO) to develop a common platform for health system funding.

27. Partnerships, including with civil society, were imperative for better-functioning and cost-efficient health systems providing equitable access to health for all, focused on the individual.

28. **Mr. Wang** Min (China) said that the previous year's Ministerial Declaration should be implemented in conjunction with two undertakings. The first was the attainment of the MDGs. The high-level plenary meeting of the General Assembly on that subject, to be held in September, would provide a valuable opportunity for building political consensus and taking concerted action. Countries should reinforce measures in the areas of family planning services, child immunization and the prevention and treatment of infectious diseases and ensure comprehensive health care for women and children. Developed countries should fulfil their development assistance commitments and provide developing countries with support for the achievement of the MDGs.

29. The second related undertaking was the building of national public health systems to improve people's health and respond to natural disasters and public health contingencies. Countries should strengthen political commitment, improve primary health care, increase the input of financial and human resources and build public health systems suited to their national conditions. The United Nations system should mobilize resources and technical means to provide practical support for the latter.

30. His Government was continuing to reform the medical and public health system, strengthen government responsibility and input, and maintain the

public welfare nature of public health and medical care, endeavouring to build basic health-care systems for urban and rural residents. At the end of 2009, 90 per cent of the population had been covered by the national basic medical insurance system. Subsidies were given to physicians in rural areas and most cities provided community-level health service. The grass-roots health service system had been further improved.

31. China was willing to participate in international exchanges and cooperation in the field of public health to share policy experience and best practices, in a joint effort to promote the realization of internationally agreed goals and commitments in that field.

32. **Mr. Nebenzia** (Russian Federation) said that the existing institutional global health-care system, with a leading role played by the World Health Organization (WHO), was appropriate. His delegation was concerned that an undesirable increase in the number of coordination mechanisms and vertical funds might weaken the role of WHO. The Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) made significant contributions to meeting the MDGs. A proper division of labour was important.

33. On the issue of health care, the primary role of the General Assembly and the Economic and Social Council was to draw political attention to global health-care issues and organize discussions of health-related issues.

34. The Council's 2009 annual ministerial review had marked the first that a comprehensive discussion of all aspects of health care had been held at the United Nations. The Council had updated health-care issues on the United Nations agenda and clarified political strategy for addressing public health threats and challenges.

35. The sixty-fourth session of the General Assembly had seen important steps to combat non-infectious diseases and promote road safety. Responses to non-infectious diseases had rightly become a priority at the United Nations. The Russian Federation had co-sponsored General Assembly resolution 64/265, entitled "Prevention and control of non-communicable diseases", containing a decision to convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases.

36. An important step in international cooperation in the sphere of road safety had been taken in March, with the unanimous support of the General Assembly for a draft resolution initiated by the Russian Federation and co-sponsored by 100 countries, entitled "Improving global road safety". The General Assembly had declared 2011-2020 a Decade of Action for Road Safety. The purpose was to stabilize and then reduce mortality resulting from traffic accidents.

37. The Russian Federation had consistently supported strengthening the role of the coordination segment of the substantive session as a crucial mechanism for ensuring coherence of work of the main bodies, programmes, funds and special agencies of the United Nations. In that connection, efforts by the President of the Economic and Social Council to streamline the programmes of work of the coordination and general segments of the substantive session were welcome.

38. More time must be devoted to discussing the work of the numerous inter-agency thematic bodies, including the Chief Executives Board for Coordination. In addition to participating in numerous panels, Member States should have the opportunity, as part of the Council's substantive session, to adjust its work priorities and set additional objectives for the realization of the decisions of the major United Nations socio-economic conferences and summits.

39. In order to further strengthen the Economic and Social Council and enhance its agenda, it might be necessary to amend the mandates of particular segments of the substantive session, including by providing a clearer definition of the objectives of the coordination segment.

40. **Mr. Almeida** (Brazil) said that part of the Council's mandate was to promote the coordinated implementation of agreed commitments; it was therefore well-positioned to oversee the international community's efforts to achieve the internationally agreed development goals, including the MDGs. Recalling the Council's 2009 Ministerial Declaration on implementing the internationally agreed goals and commitments in regard to global public health, he stressed that although no country should be allowed to fail to meet the health-related MDGs because of a lack of resources, the provision of additional resources

alone was not enough to promote sustainable, long-term development in health. More must be done to develop national capacities, especially in developing countries, in order to strengthen health systems and ensure universal access to health-care services and medicines. In that connection, investment in local pharmaceutical production, as well as access to low-cost imported components and drugs, was crucial. WHO, the United Nations Conference on Trade and Development (UNCTAD), the United Nations Industrial Development Organization (UNIDO) and the United Nations Development Programme (UNDP) had a central role to play in supporting such development of national capacity and in promoting trade in medicines, including generics. In particular, the international community must call for an end to border measures and unfair trade barriers that hampered developing countries' legitimate right to access low-cost drugs. Recent developments in the negotiation of the draft Anti-Counterfeiting Trade Agreement were not encouraging in that respect.

41. His delegation reiterated its support for the Council's decision, in 2009, to establish an intergovernmental follow-up mechanism for the financing for development process and welcomed the initiative to address related issues in the coordination segment. The new mechanism would ensure continuous consideration of financing for development throughout the year, by both the Council and the General Assembly, and therefore constituted a clear improvement over previous arrangements. He noted, however, that the International Conference on Financing for Development, held in Monterrey, Mexico in 2002, was the only major United Nations summit in the economic and social field that had not resulted in a permanent intergovernmental body to oversee the implementation of its outcome. In that connection, he drew attention to the proposal for the establishment of an intergovernmental commission on financing for development, which was to be discussed at the High-level Plenary Meeting on the Millennium Development Goals.

42. Since the world financial and economic crisis was still having a significant impact on human and social development and many advanced countries were facing the prospect of a double-dip recession over coming months, the question of recovery from the crisis, particularly in relation to the implementation of the Global Jobs Pact, should remain on the Council's agenda. A specific resolution on that issue should be adopted at the Council's current session. On balance, the economic situation still required policies that stimulated employment creation and retention, extended social protection, including through the Social Protection Floor Initiative, and promoted decent jobs, as a means of accelerating job creation and sustaining economic recovery.

43. Lastly, his delegation concurred with the representative of the Russian Federation that, during the coordination segment, more time should be allocated to discussing the work of the United Nations System Chief Executives Board for Coordination (CEB). While noting the progress achieved by CEB in the response to crisis, post-crisis and transition situations, as described in its annual overview report for 2009/10 (E/2010/69), his delegation considered that some of the actions undertaken in relation to the nine Joint Crisis Initiatives, including the green economy initiative, lacked a clear definition or a precise mandate from Member States. He therefore stressed the need to align substantive action by the United Nations Secretariat with existing intergovernmental mandates as recommended by the Committee on Programme and Coordination. The report also referred incorrectly to the lacuna of an independent standing capacity for system-wide evaluations; in fact the Joint Inspection Unit had already been clearly mandated in various resolutions, including General Assembly resolution 64/262, to perform such evaluations. The only possible lacuna was in terms of the resources it needed to fulfil that mandate. The efforts made by CEB to strengthen its substantive dialogue with Member States were encouraging; it was to be hoped that a formal and effective framework for such interaction, which would improve the legitimacy, efficiency and accountability of CEB, would emerge from the system-wide coherence exercise.

44. **Mr. Workie** (Observer for Ethiopia) said that the Millennium Development Goal for maternal and child mortality would probably not be achieved in most low-income countries. Despite the enormous efforts that it had made to achieve the Millennium Development Goals, Ethiopia still faced major obstacles in maternal health owing to its inability to improve access to and the quality of health facilities and professionals. Therefore, the international community must renew its commitment to preventing and eliminating child and maternal mortality and morbidity and to strengthening

health systems as part of an integrated approach to the problem.

45. The Secretary-General's joint action plan for accelerating progress on maternal and newborn health, efforts to strengthen coordination between and beyond United Nations system agencies to achieve the health-related MDGs, and health initiatives prompted by the Paris Declaration on Aid Effectiveness were all to be commended.

46. The programmes of United Nations country teams must be based on national processes, priorities and plans. Indeed, as a self-starter in the Delivering as One programme, Ethiopia had witnessed increasing alignment and harmonization at the country level, leading to joint support for country-owned programmes and stronger national systems. However, Governments required greater support in establishing adequate infrastructure and systems for the exchange of knowledge and effective use of technology, and in building institutional capacity in order to achieve the health-related Millennium Development Goals.

47. New and additional financial resources were needed to meet health-related challenges and must be directed to core budgets. The growing imbalance between care and non-care resources must be addressed urgently. The quantity, quality and predictability of development assistance were a central priority for developing countries. Donors must deliver on existing commitments to increase ODA and should eliminate conditionalities.

48. His Government was grateful to the Group of Eight for its commitment of an additional US$ 5 billion to the Muskoka Initiative on Maternal, Newborn and Child Health over the next five years.

49. His delegation supported regional meetings to highlight issues of regional concern and to strengthen the link between country-level operations, regional activities and discussions at the global level.

50. **Mr. Petranto** (Observer for Indonesia) said that the direction that would be taken by the September summit to accelerate progress on the Millennium Development Goals depended, to a degree, on the Council's deliberations. The Council should transmit to the High-level Plenary Meeting a clear idea of progress made thus far and what needed to be done.

51. The eradication of poverty was an urgent priority, one that affected all the Millennium Development Goals. Coordination could help to prevent the global economy from erasing progress in that area because it was a useful tool for identifying steps to be taken, clarifying roles and identifying gaps. The United Nations must continue to lead coordination efforts.

52. Coordination for the achievement of health-related Millennium Development Goals should be based on the Secretary-General's initiatives regarding women's and children's health, and take a long-term approach. Efforts should focus on increasing the quantity and quality of health services, and on increasing access to them. Coordination could also improve the financing of health, and the availability of affordable drugs and medical services and the knowledge and capacity of medical professionals to meet the challenges of health, poverty and hunger.

53. **Mr. Gutiérrez** (Peru) said that because public health affected human capital, it affected the achievement of the Millennium Development Goals in all other areas. Therefore, Peru was strengthening primary care, and had adopted legislation on universal access to health services, improved health insurance coverage and cut child mortality rates. Further efforts were needed and a national plan was being designed to reduce maternal and newborn mortality, especially among the country's most vulnerable groups.

54. The Secretary-General's proposed joint action plan for accelerating progress on maternal and child health must take into account the needs of middle-income countries; reflect the importance of low-cost drugs; and cover the impact of non-communicable diseases on the health of women and children.

55. His Government had progressed in the fight against HIV/AIDS and was expanding coverage of retroviral treatment offered by the Ministry of Health. However, cooperation was essential if middle-income countries were to sustain their achievements in the prevention of HIV/AIDS, tuberculosis and malaria; cooperation was also necessary to support national efforts in the field.

56. Many diseases that had not been explicitly included in the Millennium Development Goals continued to seriously affect countries such as Peru. Easier access to low-cost drugs was necessary to treat many such diseases, including pneumonia, a leading cause of death in the under-fives in Peru, particularly in poor communities. That could be achieved through adaptation of the Agreement on Trade-Related Aspects

of Intellectual Property Rights (TRIPS) and proper implementation of the Doha Declaration on the TRIPS Agreement and Public Health.

57. The public health issues of road traffic accidents and water and sanitation deserved special attention in order to cut rates of premature death. Peru welcomed the proclamation of the Decade of Action for Road Safety and believed that the plan of action for the Decade should include specific, time-bound goals. Its National Plan on Sanitation was aimed at providing safe drinking water and sanitation facilities to roughly 80 per cent of its population.

58. The information systems and research capacity of developing countries would benefit from stronger cooperation with the international community, enabling them to respond correctly to the health problems of their populations by quantifying indices, identifying inequalities and measuring policy impact.

The meeting rose 1.10 p.m.